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*Pro Bono* Attorneys for Plaintiff  
Earl Dean Christian, Jr.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

**EARL DEAN CHRISTIAN, JR.,**

Case No. 2:21-cv-305-KJN (P)

**Plaintiff.**

## The Honorable Kendall J. Newman

V.

H. MACIAS, B. HERNANDEZ, J. HICKMAN,  
J. FELTNER, and DOES 1-10, inclusive,

## DECLARATION OF KATELYN CHRISTIAN

#### Defendants.

1 I, Katelyn Christian, declare and state as follows:

2 1. My name is Katelyn Christian. I am the daughter of Earl Dean Christian, Jr. and have  
3 moved to substitute into this action as the Plaintiff. I offer this declaration in response to the Court's July  
4 18, 2023, Order directing me to provide this declaration pursuant to Section 377.32 of the California Code  
5 of Civil Procedure. I have personal knowledge of the facts set forth in this declaration, and I could and  
6 would testify thereto if called upon to do so.

7 2. My father, Earl Dean Christian Jr., passed away on April 12, 2023 in Corcoran, California.  
8 A true and correct copy of his certified death certificate is attached as **Exhibit 1**.

9 3. No proceeding is now pending in California for administration of my father's estate.

10 4. I am my father's successor in interest as defined in Section 377.11 of the California Code  
11 of Civil Procedure. My father died without a will and without a surviving spouse. As a result, my father's  
12 estate passed to me under Section 6402(a) of the California Probate Code. *See Cal. Civ. Proc. Code §§*  
13 377.10(b), 377.11.

14 5. No other person has a superior right to be substituted for my late father in the pending  
15 action.

16  
17 I declare under penalty of perjury under the laws of the United States and the State of California  
18 that the foregoing is true and correct to the best of my knowledge.

19  
20 Executed on 08/01, 2023 in Stockton, California.

21  
22 By: \_\_\_\_\_ DocuSigned by:  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_  
  
Katelyn Christian

# **EXHIBIT 1**

**STATE OF CALIFORNIA**  
CERTIFICATION OF VITAL RECORD  
**COUNTY OF KINGS**  
HEALTH DEPARTMENT  
HANFORD, CALIFORNIA

3052023089785		3202316000279					
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
<b>DECEASED'S PERSONAL DATA</b> 1. NAME OF DECEASED - FIRST (Given) <b>EARL</b> 2. MIDDLE <b>DEAN</b> <small>AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)</small> 3. LAST (Family) <b>CHRISTIAN, JR.</b>		<b>CERTIFICATE OF DEATH</b> <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/02)</small>					
<small>DECEASED'S PERSONAL DATA</small> 8. BIRTH STATE/FOREIGN COUNTRY <b>CO</b> 10. SOCIAL SECURITY NUMBER <b>524-27-3953</b> 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK      12. MARITAL STATUS/SHIP <b>WIDOWED</b> <small>13. EDUCATION - Highest Level/Degree <b>UNKNOWN</b>      14/15. WAS DECEASED HISPANIC/LATINO/A/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK      16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b></small>		4. DATE OF BIRTH <b>04/11/1980</b> 5. AGE Yrs. <b>43</b> 6. SEX <b>M</b> <small>Months _____ Days _____ Hours _____ Minutes _____</small> 7. DATE OF DEATH <b>04/12/2023</b> 8. HOUR <b>0717</b>					
<small>DECEASED'S RESIDENCE</small> 17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED <b>NEVER WORKED</b> 20. DECEASED'S RESIDENCE (Street and number, or location) <b>900 QUEBEC AVE</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) 19. YEARS IN OCCUPATION					
<small>USUAL RESIDENCE</small> 21. CITY <b>CORCORAN</b> 22. COUNTY/PROVINCE <b>KINGS</b> 23. ZIP CODE <b>93212</b> 24. YEARS IN COUNTY <b>5</b> 25. STATE/FOREIGN COUNTRY <b>CA</b>							
<small>INFORMANT</small> 26. INFORMANT'S NAME, RELATIONSHIP <b>KATELYN CHRISTIAN, DAUGHTER</b> <small>SPOUSE/SPRND AND PARENT INFORMATION</small> 28. NAME OF SURVIVING SPOUSE/SHIP-FIRST <b>-</b> 29. MIDDLE <b>-</b> 30. LAST (BIRTH NAME) <b>-</b> 31. NAME OF FATHER/PARENT-FIRST <b>EARL</b> 32. MIDDLE <b>DEAN</b> 33. LAST <b>CHRISTIAN, SR.</b> 34. BIRTH STATE <b>MN</b> 35. NAME OF MOTHER/PARENT-FIRST <b>UNK</b> 36. MIDDLE <b>UNK</b> 37. LAST (BIRTH NAME) <b>UNK</b> 38. BIRTH STATE <b>UNK</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>3232 MUNFORD AVE SP 15, STOCKTON, CA 95205</b>					
<small>FUNERAL DIRECTION LOCAL REGISTRATION</small> 39. DISPOSITION DATE <b>04/26/2023</b> 40. PLACE OF FINAL DISPOSITION RES <b>KATELYN CHRISTIAN</b> <b>3232 MUNFORD AVE SP 15, STOCKTON, CA 95205</b>		42. SIGNATURE OF EMBALMER <b>► NOT EMBALMED</b> 43. LICENSE NUMBER <b>-</b> 44. NAME OF FUNERAL ESTABLISHMENT <b>LODI FUNERAL HOME</b> 45. LICENSE NUMBER <b>FD627</b> 46. SIGNATURE OF LOCAL REGISTRAR <b>► MILTON TESKE MD</b> 47. DATE mm/dd/yy <b>04/25/2023</b>					
<small>PLACE OF DEATH</small> 101. PLACE OF DEATH <b>CALIFORNIA STATE PRISON SATF</b> 104. COUNTY <b>KINGS</b> 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>900 QUEBEC AVE</b> 106. CITY <b>CORCORAN</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Doctor's Home <input checked="" type="checkbox"/> Other 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Doctor's Home <input type="checkbox"/> Other					
<small>CAUSE OF DEATH</small> 107. CAUSE OF DEATH Enter the chain of events — disease, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <small>IMMEDIATE CAUSE Prior disease or condition resulting in death</small> <b>W PENDING INVESTIGATION</b> <small>Get generally, but conditions, if any, leading to cause on Line A. Enter on Line B. Enter on Line C. Enter on Line D. Enter on Line E. Enter on Line F. Enter on Line G. Enter on Line H. Enter on Line I. Enter on Line J. Enter on Line K. Enter on Line L. Enter on Line M. Enter on Line N. Enter on Line O. Enter on Line P. Enter on Line Q. Enter on Line R. Enter on Line S. Enter on Line T. Enter on Line U. Enter on Line V. Enter on Line W. Enter on Line X. Enter on Line Y. Enter on Line Z.</small> <b>LAST</b>		108. DEATH REPORTED TO CORONER <small>Time Interval Between Death and Death (At) _____ Postmortem Month &amp; Year <b>UNK 23-0127</b></small> 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (if yes, list type of operation and date) <b>UNK</b>		113A. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
<small>PHYSICIAN'S CERTIFICATION</small> 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Decedent Attended Since _____ Decedent Last Seen Alive _____</small> (A) <b>mmv/dk/cy</b> (B) <b>mmv/dk/cy</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>►</b> 116. LICENSE NUMBER <b>-</b> 117. DATE mm/dd/yy <b>-</b> 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>-</b>					
<small>CORONER'S USE ONLY</small> 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK      121. INJURY DATE mm/dd/yy <b>-</b> 122. HOUR (24 hours)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>ERIC ESSMAN</b>		127. DATE mm/dd/yy <b>04/20/2023</b> 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>ERIC ESSMAN, DEP CORONER</b> 					
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORD**  
STATE OF CALIFORNIA, COUNTY OF KINGS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Kings County Department of Public Health.

**MAY 02 2023**

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

000138502

MILTON TESKE, MD  
COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CAKINGS-01

